STATE OF OHIO)		
)	SS:	DECLARATION
COUNTY OF MEDINA)		

- I, Jason Briscoe, being first duly sworn, depose and state the following:
- 1. I am the Director of Pharmacy Operations at Discount Drug Mart, Inc.;
- 2. Discount Drug Mart has never held a license to distribute Schedule II products;
- 3. Discount Drug Mart is licensed by the State of Ohio to distribute controlled substances in Ohio:
- I've attached copies of those licenses to this declaration; 4.
- 5. Discount Drug Mart stopped distributing HCPs out of its warehouse prior to October 6, 2014 when the DEA changed them from a Schedule III to a Schedule II;
- 6. Discount Drug Mart has a total of 20 stores in Cuyahoga and Summit counties (the exact locations of those stores have been provided to the Plaintiffs in our Answers to Interrogatories).

FURTHER AFFIANT SAYETH NAUGHT.

SWORN TO AND SUBSCRIBED IN MY PRESENCE on this 14th day of June.

Natalie M. Joyce, Notary State of Onio My commission expires: 11/29/2001

Case: 1:17-md-02804-DAP Doc #: 1874-6 Filed: 07/19/19 2 of 14. PageID #: 61499

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs

at wholesale in the state of Ohio until the expiration date of JUNE 30, 2007:

01-0021900

Identification Number:

ME. OF DISCOUNT DRUG MART INC.

PETE E. RATYCZ RPH

211 COMMERCE DR MEDINA OH 44256

CLASS:

70

WHOLESALE/PHARMACY

0240

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

State of Ohio STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 ~ TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.state.oh.us

Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence that all statutory requirements (WHOLESALER-ORC Sections 3719.021 & 3719.03; MANUFACTURER-ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2007:

Identification Number:

DISCOUNT DRUG MART INC

RATYCZ VP PHARM OPER.

211 COMMERCE DR MEDINA OH 44256

DEF WHOLESALER OF CONTROLLED

SIGNATURE OF RESPONSIBLE PERSON

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The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, O.A.C.]

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Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (Discontinuing Business form is available from the Board office) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62, O.R.C.; Rule 4729.9-07, O.A.C.]

* * DO NOT RETURN UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES * * * 소 & WHEN USING, DETACH AND RETURN IN PERSON OR BY MAIL-RETURN RECEIPT REQUESTED 뉴 뉴 뉴

State Board of Pharmacy 💠 77 South High Street, Room 1702 💠 Columbus, Ohio 43215-6126 💠 614/466-4143

CONTROLLED SUBSTANCE DISTRIBUTOR NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

Case: 1:17-md-02804-DAP Doc #: 1874-6 Filed: 07/19/19 3 of 14. PageID #: 61500 State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2010:

Identification Number WPHR . 010021900

00220

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA OH 44256

The state of the s

PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

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CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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RESPONSIBLE PERSON:

Identification Number WCSW . 0696

00084

DISCOUNT DRUG MARTING 21 COMMERCE DR MEDINA OF 44256

(d) Ket 171

SIGNATURE OF RESPONSIBLE PERSON

TER-E. RATYCZ RPH

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

STREET ADDRESS

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

CONTROLLED SUBSTANCE DISTRIBUTOR NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME:	DISCOUNT DRUG MART INC.	IDENTIFICATION NO: WCSW . 0696

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State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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Identification Number WPHR, 010021900

00220

DISCOUNT DRUG MARTUNC. 211 COMMERCE DR MEDINA OH 44256

RESPONSIBLE PERSON: PETER E. RATYCZ RPH

1 el / /4/2

SIGNATURE OF RESPONSIBLE PERSON

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CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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RESPONSIBLE PERSON:

Identification Number WCSW, 0696

00084

DISCOUNT DRUG MARTINC 211 COMMERCE DR MEDINA OH 44256

PETER E. RATYCZ RPH

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STATE BOARD OF PHARMACY + 77 South High Street, Room 1702 + Columbus, Ohio 43215-6126 + 614/466-4143

CONTROLLED SUBSTANCE DISTRIBUTOR NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DISTRIBUTOR NAME:	DISCOUNT DRUG MART INC.	IDENTIFICATION NO: WCSW . 0696
STREET ADDRESS:		

Case: 1:17-md-02804-DAP Doc #: 187 state File Glio 07/19/19 5 of 14. PageID #: 61502

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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RESPONSIBLE PERSON:

Identification Number WCSW. 0696

0008

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA OH 44256

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CLASS: Controlled Substance Wholesaler

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In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Please contact the Board office for the fingerprint cards.

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STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143

CONTROLLED SUBSTANCE DISTRIBUTOR

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME:	DISCOUNT DRUG MART INC.	IDENTIFICATION NO: WCSW . 0696
STREET ADDRESS:		
Section 4729.53(A) of the to whom communication 4729.56 of the Revised	ns from the board may be directed and upon wh	t has designated the name and address of a person om the notices and citations provided for in section
YES NO	Do you, as the person accepting responsibility conviction of a felony or a misdemeanor other than	by signing this form, have charges pending or have a n a minor traffic violation (even if expunged or sealed)?
YES NO	Have you, as the person accepting responsibility action by any state or federal agency?	by signing this form, ever been the subject of disciplinary
If YES to either question al	pove, has the explanation of charges already been filed v	vith the Board?
YES NO	(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)	
I hereby agree to an of Ohio for the purp Revised Code.	d do submit to the jurisdiction of the State cose of the enforcement of Chapter 3719.	Board of Pharmacy and to the laws and rules and Sections 4729.51 to 4729.61 of the Ohio
SIGNATURE of New Response	onsible Person:	EFFECTIVE DATE:
NAME (please print):		DATE OF BIRTH:
TITLE:		SOCIAL SECURITY NUMBER:
	DDOEESSIONA	LUCENSE NUMBER (if applicable):

Case: 1:17-md-02804-DAP Doc #: 187416 of 1999 07/19/19 6 of 14. PageID #: 61503

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2012:

Identification Number WPHR. 010021900

TITLE:

01470

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA OH 44256 RESPONSIBLE PERSON: PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

IDENTIFICATION NO. WIDLID 010021000

SOCIAL SECURITY NUMBER:

PROFESSIONAL LICENSE NUMBER (if applicable):

PHA-0606 (Rev 05/10)

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

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STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143
WHOLESALE DISTRIBUTOR

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DISCOUNT DRUG MART INC

DISTRIBUTOR NAME.	DIOCCONT DIOC MART INC.	IDENTIFICATION NO. WITTIN. 010021300
STREET ADDRESS:		
	ns from the board may be directed and upon who	t has designated the name and address of a person om the notices and citations provided for in section
YES NO		by signing this form, have charges pending or have a a minor traffic violation (even if expunged or sealed)?
YES NO	Have you, as the person accepting responsibility action by any state or federal agency?	by signing this form, ever been the subject of disciplinary
If YES to either question ab	ove, has the explanation of charges already been filed w	rith the Board?
YES NO	(If NO, explain in detail; listing name(s) and addre charges were filed, on a separate sheet of paper. If	ess(es) of the court or government agency and dates such YES, it is not necessary to file again.)
	d do submit to the jurisdiction of the State ose of the enforcement of Sections 4729.51 t	Board of Pharmacy and to the laws and rules to 4729.61 of the Ohio Revised Code.
SIGNATURE of New Respo	onsible Person:	EFFECTIVE DATE:
NAME (please print):		DATE OF BIRTH:

Case: 1:17-md-02804-DAP Doc #: 1874+6 of 1999 07/19/19 7 of 14. PageID #: 61504

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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Identification Number WPHR. 010021900

TITLE:

01470

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA OH 44256 RESPONSIBLE PERSON: PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

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TOTAL TOTAL OF THE PARTY OF THE

SOCIAL SECURITY NUMBER:

PROFESSIONAL LICENSE NUMBER (if applicable):

PHA-0606 (Rev 05/10)

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

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STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143
WHOLESALE DISTRIBUTOR

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

DICCOUNT DDIC MADTING

DISTRIBUTOR NAME:	DISCOUNT DRUG WART INC.	IDENTIFICATION NO: WP HR . 01002 1900
STREET ADDRESS:		
	s from the board may be directed and upon who	t has designated the name and address of a person om the notices and citations provided for in section
YES NO		by signing this form, have charges pending or have a a minor traffic violation (even if expunged or sealed)?
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If YES to either question ab	ove, has the explanation of charges already been filed w	rith the Board?
YES NO	(If NO, explain in detail; listing name(s) and addre charges were filed, on a separate sheet of paper. If	ess(es) of the court or government agency and dates such YES, it is not necessary to file again.)
	d do submit to the jurisdiction of the State se of the enforcement of Sections 4729.51 t	Board of Pharmacy and to the laws and rules to 4729.61 of the Ohio Revised Code.
SIGNATURE of New Respon	nsible Person:	EFFECTIVE DATE:
NAME (please print):		DATE OF BIRTH:

Case: 1:17-md-02804-DAP Doc #: 1874-6 Filed: 07/19/19 8 of 14. PageID #: 61505

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

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Identification Number WCSW. 0696

RESPONSIBLE PERSON: PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

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DISCOUNT DRUG MART INC. 211 COMMERCE DR **MEDINA OH 44256**

CLASS: Controlled Substance Wholesaler

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STATE BOARD OF PHARMACY • 77 South High Street, Room 1702 • Columbus, Ohio 43215-6126 • 614/466-4143 CONTROLLED SUBSTANCE DISTRIBUTOR NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

DISTRIBUTOR NAME:	DISCOUNT DRUG MART INC.	IDENTIFICATION NO: WCSW . 0696
STREET ADDRESS:		

- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL -

	hio Revised Code requires that "The applicant has designated the name and address of a person rom the board may be directed and upon whom the notices and citations provided for in section e may be served".
YES NO	Do you, as the person accepting responsibility by signing this form, have charges pending or have a conviction of a felony or a misdemeanor other than a minor traffic violation (even if expunged or sealed)?

Have you, as the person accepting responsibility by signing this form, ever been the subject of disciplinary action by any state or federal agency?

If YES to either question above, has the explanation of charges already been filed with the Board?

YES	☐ NO	(If NO, explain in detail; listing name(s) and address(es) of the court or government agency and dates such charges were filed, on a separate sheet of paper. If YES, it is not necessary to file again.)

I hereby agree to and do submit to the jurisdiction of the State Board of Pharmacy and to the laws and rules of Ohio for the purpose of the enforcement of Chapter 3719. and Sections 4729.51 to 4729.61 of the Ohio Revised Code.

SIGNATURE of New Responsible Person:	EFFECTIVE DATE:
NAME (please print):	DATE OF BIRTH:
TITI C.	SOCIAL SECLIDITY NUMBER

PROFESSIONAL LICENSE NUMBER (If applicable):

PHA-0701 (Rev 06/10)

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77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2013:

Identification Number WPHR. 010021900

00490

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA OH 44256 RESPONSIBLE PERSON:

PETER E RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

A chance in name address or ownership requires new application and for to

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence that all statutory requirements (WHOLESALER -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2013:

RESPONSIBLE PERSON:

Identification Number WCSW. 0696

211 COMMERCE DR

MEDINA OH 44256

DISCOUNT DRUG MART INC.

0011

SIGNATURE OF RESPONSIBLE PERSON

PETER E. RATYCZ RPH

Any change of responsible person must be reported within thirty days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

of an address shapes the State Board of Pharmac

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

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State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2014;

00568 Identification Number WPHR. 010021900

DISCOUNT DRUG MART INC

211 COMMERCE DR **EDINA OH 44256**

PETERE. RATYCZ RPH RESPONSIBLE PERSON:

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must, be reported within thirty days on: a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

STATE BOARD OF PHARMACY State of Ohio

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

that all statutory requirements (WHOLESALER -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence RESPONSIBLE PERSON: the state of Ohio until the expiration date of JUNE 30, 2014:

Identification Number WCSW, 0696

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CITA WATER

in the most wind address chance the State Board of Pharmacy

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State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2014;

00568 Identification Number WPHR. 010021900

DISCOUNT DRUG MART INC

211 COMMERCE DR **EDINA OH 44256**

PETERE. RATYCZ RPH RESPONSIBLE PERSON:

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must, be reported within thirty days on: a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

that all statutory requirements (WHOLESALER -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC Sections 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence RESPONSIBLE PERSON: the state of Ohio until the expiration date of JUNE 30, 2014:

Identification Number WCSW, 0696

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CITA WATER

Case: 1:17-md-02804-DAP Doc #: 1834a6 oF the 07/19/19 12 of 14. PageID #: 61509

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov

Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WPHR.010021900-03

RESPONSIBLE PERSON: PETER E. RATYCZ RPH

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA, OH 44256

PROFESSIONAL LICENSE NUMBER (if applicable):

15

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

A change in name, address, or ownership (not officers) requires new application and fee. In the event of an address change, the State Board of Pharmacy must be notified prior to moving any dangerous drugs. [Sections 4729.51 and 4929.52, ORC; Rule 4729-9-16, OAC]

In accordance with paragraph (A)(7) of 4729-9-16 (OAC) (effective January 1, 2009), if a wholesale distributor is incorporated a criminal records check is required every time there is a change in officers. Contact the Board office for the fingerprint cards or you can go to

 ${\it http://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck}\ to\ request\ fingerprint\ cards\ BIM-12-98\ (BCI)\ and\ FD-258\ (FBI).$

The State Board of Pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs, or any changes in operation of the registrant before being used or implemented. [Rule 4729-9-16, OAC]

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Use the form at the bottom of this page. Additional forms may be obtained at http://pharmacy.ohio.gov/WDDD/General.aspx. [Sections 4729.53(A), ORC]

Notify the State Board of Pharmacy in writing 14 days prior to discontinuing business, whether closing or selling. Written notice (discontinuing business form is available at http://pharmacy.ohio.gov/WDDD/General.aspx) and state license must be mailed (return receipt requested) or hand-delivered to the Board office. [Section 4729.62 ORC; Rule 4729-9-07, OAC]

** DO NOT RETURN BELOW UNLESS RESPONSIBLE PERSON PRINTED ON ABOVE LICENSE CHANGES **

** WHEN USING, DETACH AND RETURN BY MAIL, FAX OR EMAIL **

STATE BOARD OF PHARMACY ♦ 77 South High Street, Room 1702 ♦ Columbus, Ohio 43215-6126 ♦ 614/466-4143 WHOLESALE DISTRIBUTOR

NOTIFICATION OF CHANGE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days.

-- THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED BEFORE NOTIFICATION IS OFFICIAL --

DISTRIBUTOR NAME:	DISCOUNT DRUG MART INC.	IDENTIFICATION NO: WPHR.010021900-03
STREET ADDRESS:		
	Revised Code requires that "The applicant has desi may be directed and upon whom the notices and ci	gnated the name and address of a person to whom tations provided for in section 4729.56 of the Revised Code
□ YES □ NO		y signing this form, have charges pending or have a f expunged or sealed) other than a minor traffic violation?
\square YES \square NO	Have you, as the person accepting responsibility action by any state or federal agency?	by signing this form, ever been the subject of disciplinary
If YES to either question above	e, has the explanation of charges already been filed	with the Board?
□ YES □ NO	If NO, explain in detail on a separate sheet of pa government agency and dates such charges were	per; listing name(s) and address(es) of the court or e filed. If YES, it is not necessary to file again.
	nit to the jurisdiction of the State Board of Phans 4729.51 to 4729.61 of the Ohio Revised Coo	rmacy and to the laws and rules of Ohio for the purposele.
SIGNATURE of New Respons	sible Person:	EFFECTIVE DATE:
NAME (please print):		DATE OF BIRTH:
TITLE:	Soc	CIAL SECURITY NUMBER:

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State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WPHR.010021900-03

DISCOUNT DRUG MARTINC: 211 COMMERCE DR MEDINA, OH 44256

15

RESPONSIBLE PERSON:

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form.

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence that all statutory requirements (WHOLESALER -- ORC Sections 3719.021 & 3719.03; MANUFACTURER -- ORC SECTIONS 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2015.

Identification Number: WCSW.0696

DISCOUNT DRUG MART INC. 211 COMMERCE DR MEDINA, OH 44256

PETER E RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

RESPONSIBLE PERSON:

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form

Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler

SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

Case: 1:17-md-02804-DAP Doc #: 1874-6 Filed: 07/19/19 14 of 14. PageID #: 61511 State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov Be it known that the WHOLESALE DISTRIBUTOR OF DANGEROUS DRUGS named below has given satisfactory evidence that all statutory requirements (ORC Sections 4729.52 & 4729.53) have been met, is duly registered, and is entitled to distribute dangerous drugs at wholesale in the state of Ohio until the expiration date of JUNE 30, 2016.

Identification Number: WPHR.010021900-03

DISCOUNT DRUG MART INC 211 COMMERCE DR MEDINA, OH 44256

RESPONSIBLE PERSON: PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: WHOLESALE DDD - WHOLESALE/PHARMACY - CATEGORY THREE SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS

State of Ohio

STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, Ohio 43215-6126 TEL: 614/466-4143 FAX: 614/752-4836 EML: licensing@bop.ohio.gov Be it known that the DISTRIBUTOR OF CONTROLLED SUBSTANCES named below has given satisfactory evidence that all statutory requirements (WHOLESALER — ORC Sections 3719.021 & 3719.03; MANUFACTURER — ORC SECTIONS 3719.02 & 3719.03) have been met, is duly registered, and is entitled to distribute controlled substances in the state of Ohio until the expiration date of JUNE 30, 2016.

Identification Number: WCSW-0696

DISCOUNT DRUG MART INC 211 COMMERCE DR MEDINA OH 44256

RESPONSIBLE PERSON: PETER E. RATYCZ RPH

SIGNATURE OF RESPONSIBLE PERSON

Any change of responsible person must be reported within 30 days on a "Notification of Change of Responsible Person" form. Before change of name, address, or ownership, immediately notify the Licensing Department of the State Board of Pharmacy.

CLASS: Controlled Substance Wholesaler SIGN AND KEEP IN A READILY RETRIEVABLE LOCATION AT THIS ADDRESS